

<i>SERFF Tracking Number:</i>	<i>UNNC-125811276</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Acacia Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40588</i>
<i>Company Tracking Number:</i>	<i>7000</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>7000 - Universal Life Policy</i>		
<i>Project Name/Number:</i>	<i>7000 - Universal Life Policy/7000 - Universal Life Policy</i>		

## Filing at a Glance

Company: Acacia Life Insurance Company	SERFF Tr Num: UNNC-125811276	State: ArkansasLH
Product Name: 7000 - Universal Life Policy	SERFF Status: Closed	State Tr Num: 40588
TOI: L09I Individual Life - Flexible Premium		
Adjustable Life		
Sub-TOI: L09I.001 Single Life	Co Tr Num: 7000	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Bobbie Cramer, Joanne Friend	Disposition Date: 10/23/2008
	Date Submitted: 10/16/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: 7000 - Universal Life Policy	Status of Filing in Domicile: Pending
Project Number: 7000 - Universal Life Policy	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/23/2008	
State Status Changed: 10/23/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Re: Acacia Life Insurance Company	NAIC No. 0943-80837 FEIN No. 31-04729010

Submission Form Identification: 7000, et al – Individual Universal Life Insurance Policy, Related Riders, Endorsement, and Application page

General Description of Submission: 2001 CSO Universal Life Policy, Riders, Endorsement, and Application

SERFF Tracking Number: UNNC-125811276 State: Arkansas  
Filing Company: Acacia Life Insurance Company State Tracking Number: 40588  
Company Tracking Number: 7000  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: 7000 - Universal Life Policy  
Project Name/Number: 7000 - Universal Life Policy/7000 - Universal Life Policy

Issue Ages: 0 – 85

Enclosed for your review and approval is a new Universal Life policy and the affiliated forms as shown in Exhibit A. Exhibit A also contains a description of each form, the form it is intended to replace (if any), and its flesch score. An explanation of the Riders, Endorsements, and Amendments is enclosed as Exhibit B.

The policy, which will be marketed to individuals through licensed agents, is based on the smoker-nonsmoker 2001 CSO Tables. This Acacia 7000 Universal Life policy is identical (except for the Company names) to a previously submitted Union Central 8712 policy which was approved by your state insurance department between 12/13/07 and 9/11/08.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break, or renumbering of a page.

This policy will be illustrated. We are attaching as part of the submission a copy of the NAIC Life Insurance Illustration Certification.

The application for use with this policy is UN 2550 PI-A, et al. That Application is our general base application for individual product lines. Its modular format eliminates costly duplicative forms and enables the same information required for all individual product lines to be either: 1) collected on the same form (such as name, address, etc.); or 2) provided to the client on the same form (such as the agreement). Product specific information is collected on the product specific components. The Policy Detail page, UN 2550-1 LIFE AC, will replace UN 2550 LIFE AC which was approved by your state insurance department between 12/17/07 and 8/29/08.

The enclosed submission is being filed concurrently with our domiciliary jurisdiction of D.C. If you have any questions or comments regarding this filing, please contact me at 1-800-825-1551, extension 52329. Thank you for your consideration of this submission. Be assured it is appreciated.

SERFF Tracking Number: UNNC-125811276 State: Arkansas

Filing Company: Acacia Life Insurance Company State Tracking Number: 40588

Company Tracking Number: 7000

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life

Product Name: 7000 - Universal Life Policy

Project Name/Number: 7000 - Universal Life Policy/7000 - Universal Life Policy

## Company and Contact

### Filing Contact Information

Joanne Friend, Supervisor, Contract Analysts jfriend@unioncentral.com  
1876 Waycross Road (513) 595-2339 [Phone]  
Cincinnati, OH 45240 (513) 595-2918[FAX]

### Filing Company Information

Acacia Life Insurance Company CoCode: 60038 State of Domicile: District of  
Columbia  
7315 Wisconsin Avenue Group Code: 943 Company Type: Stock  
Bethesda, MD 20814 Group Name: State ID Number:  
(800) 825-1551 ext. [Phone] FEIN Number: 53-0022880  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 per submission  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Acacia Life Insurance Company	\$50.00	10/16/2008	23235808

<i>SERFF Tracking Number:</i>	<i>UNNC-125811276</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Acacia Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40588</i>
<i>Company Tracking Number:</i>	<i>7000</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>7000 - Universal Life Policy</i>		
<i>Project Name/Number:</i>	<i>7000 - Universal Life Policy/7000 - Universal Life Policy</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	10/23/2008	10/23/2008

<i>SERFF Tracking Number:</i>	<i>UNNC-125811276</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>7000 - Universal Life Policy/7000 - Universal Life Policy</i>		

## Disposition

Disposition Date: 10/23/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNNC-125811276 State: Arkansas

Filing Company: Acacia Life Insurance Company State Tracking Number: 40588

Company Tracking Number: 7000

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life Adjustable Life

Product Name: 7000 - Universal Life Policy

Project Name/Number: 7000 - Universal Life Policy/7000 - Universal Life Policy

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Illustration Certification		Yes
Supporting Document	Exhibit A		Yes
Supporting Document	Reg 6 Certification		Yes
Supporting Document	Reg 34 Certification		Yes
Supporting Document	Readability Cert		Yes
Form	Universal Life Policy		Yes
Form	Accounting Benefit Rider		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Guaranteed Insurability Rider		Yes
Form	Insurance Exchange Rider		Yes
Form	Supplemental coverage Rider		Yes
Form	Scheduled Increase Rider for the Insured		Yes
Form	Total Disability Benefit Rider		Yes
Form	Pension Endorsement		Yes
Form	Application for Insurance - Policy Details		Yes
Form	Amendment of Application		Yes
Form	Amendment of Application		Yes
Form	Amendment of Application (Military)		Yes
Form	Amendment of Application		Yes
Form	Pilot & Cres Member Aviation Amendment		Yes

SERFF Tracking Number: UNNC-125811276 State: Arkansas

Filing Company: Acacia Life Insurance Company State Tracking Number: 40588

Company Tracking Number: 7000

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: 7000 - Universal Life Policy

Project Name/Number: 7000 - Universal Life Policy/7000 - Universal Life Policy

## Form Schedule

Lead Form Number: 7000

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	7000	Policy/Cont Universal Life Policy ract/Fratern al Certificate	Initial		52	7000std.pdf
	KACBR01	Policy/Cont Accounting Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	KACBR01Std. pdf
	KADB02	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54	KADB02std.p df
	KGIR01	Policy/Cont Guaranteed ract/Fratern Insurability Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	KGIR01Std.p df

SERFF Tracking Number: UNNC-125811276 State: Arkansas  
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Adjustable Life  
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KIER01	Policy/Cont Insurance Exchange Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51	KIER01std .pdf
KSCR01	Policy/Cont Supplemental ract/Fratern coverage Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	KSCR01std.p df
KSIR01	Policy/Cont Scheduled Increase Initial ract/Fratern Rider for the Insured al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	KSIR01Std.pd f
KTDB01	Policy/Cont Total Disability ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51	KTDB01std.p df
KPE01	Policy/Cont Pension Initial	Initial	53	KPE01Std.pdf



SERFF Tracking Number: UNNC-125811276 State: Arkansas

Filing Company: Acacia Life Insurance Company State Tracking Number: 40588

Company Tracking Number: 7000

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life

Product Name: 7000 - Universal Life Policy

Project Name/Number: 7000 - Universal Life Policy/7000 - Universal Life Policy

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Certificate:

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nt or Rider

UN 2550-1	Application/ Application for	Initial	59	UN 2550-1
LIFE AC	Enrollment Insurance - Policy			LIFE AC.pdf
	Form Details			
AC 262 B	Application/ Amendment of	Initial	52	AC 262 B.pdf
	Enrollment Application			
	Form			
AC 0287 C	Application/ Amendment of	Initial	50	AC 0287
	Enrollment Application			C.pdf
	Form			
AC 287 MS	Application/ Amendment of	Initial	52	AC 287
	Enrollment Application (Military)			MS.pdf
	Form			
AC 553-C	Application/ Amendment of	Initial	58	AC 553-A.pdf
	Enrollment Application			
	Form			
AC 1271-B	Application/ Pilot & Cres Member	Initial	57	AC 1217-
	Enrollment Aviation Amendment			B.pdf
	Form			



## IMPORTANT INFORMATION TO POLICYHOLDERS

For information concerning your policy, contact your agent or the company as follows:

Agent name: Adam Agent

Address: 123 Main Street

Address: Any City, Any State 12345

Address:

Address:

Phone number: (555) 123-45678

Acacia Life Insurance Company  
Service Center  
P.O. Box 40888  
Cincinnati, Ohio 45240  
1-800-319-6901

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Arkansas Insurance Department at:

Consumer Services Division  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
1-800-852-5494

**Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Department of Insurance, have your policy number available.**

## **LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

### **DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third St.  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

## COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- \* They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- \* The insurer was not authorized to do business in this state;
- \* Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- \* Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- \* Any policy of reinsurance (unless an assumption certificate was issued);
- \* Interest rate yields that exceed an average rate;
- \* Dividends and voting rights and experience rating credits;
- \* Credits given in connection with the administration of a policy by a group contract holder;
- \* Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- \* Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- \* Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- \* Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- \* Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- \* Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- \* Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



*A Stock Company... 1876 Waycross Road, P.O. Box 40888, Cincinnati, Ohio 45240  
1-800-825-1551*

**Insured:** John Doe  
**Policy Number:** 0123456789

*We agree to pay the death benefit proceeds to the beneficiary on receipt of satisfactory proof of death of the *insured* while this policy is in force, subject to the terms of this policy.*

*LOOK AT THE APPLICATION FORMS. This policy is issued based on payment of the initial premium and the answers in the application (see copy attached). If all answers are not true and complete, this policy may be affected.*

*PLEASE READ THIS POLICY CAREFULLY. This policy is a legal contract between *you* and *Acacia Life Insurance Company*.*

**20-DAY RIGHT TO EXAMINE THIS POLICY.** *It is important to *Acacia Life Insurance Company* that *you* are satisfied with this policy. *You* have 20 days after *you* receive it to review this policy. If this policy is a replacement for an existing policy *you* have 30 days after *you* receive it to review this policy. If *you* are not satisfied, *you* may send it back to *us* or give it to *our* agent. In such case, this policy will be void from the beginning. We will refund the premiums paid minus partial withdrawals within 10 days after this policy is returned.*

Signed for Acacia Life Insurance Company, a District of Columbia Company

**SPECIMEN**  
*Robert Sam A. Sands*

Secretary

**SPECIMEN**  
*Walter Carson*

President

Flexible Premium Universal Life Insurance Policy  
Nonparticipating

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## POLICY SCHEDULE

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<b>Policy Number:</b>	[0123456789]
<b>Insured:</b>	[John Doe]
<b>Issue Age and Gender:</b>	[35, Male]
<b>Owner:</b>	[John Doe]
<b>Policy Date:</b>	[February 1, 2008]
<b>Issue Date:</b>	[February 1, 2008]
<b>Specified Amount</b>	
<b>Base Policy:</b>	[\$100,000]
<b>Minimum Specified Amount:</b>	[\$50,000]
<b>Death Benefit Option:</b>	[A]
<b>Rate Class:</b>	[Standard Nontobacco]
<b>Basis of Values:</b>	2001 CSO [Male Nonsmoker] Mortality Table, age nearest birthday
<b>Guaranteed Interest Rate:</b>	[3.00]% Annually, [0.24663]% Monthly
<b>Planned Periodic Premium:</b>	[\$694.00]
<b>Planned Premium Frequency:</b>	[Annual]
<b>Initial Premium:</b>	[\$694.00]
<b>Monthly Minimum No-Lapse Premium:</b>	[\$30.36]
<b>Minimum No-Lapse Period:</b>	[10] years from the <i>policy date</i>

It is possible that coverage may expire prior to the death of the *insured* if premiums paid or interest credited is insufficient to continue coverage to such date.



## POLICY SCHEDULE

### MAXIMUM MONTHLY COST OF INSURANCE RATES AND CORRIDOR FACTORS

<i>Attained Age</i>	Maximum Cost of Insurance Rate	Corridor Factor	<i>Attained Age</i>	Maximum Cost of Insurance Rate	Corridor Factor	<i>Attained Age</i>	Maximum Cost of Insurance Rate	Corridor Factor
[35	0.09083	2.50	76	3.67750	1.05	117	71.00417	1.01
36	0.09583	2.50	77	4.07417	1.05	118	74.93500	1.01
37	0.10000	2.50	78	4.53750	1.05	119	79.10167	1.01
38	0.10750	2.50	79	5.07250	1.05	120	83.33333	1.01
39	0.11417	2.50	80	5.65583	1.05	121+	00.00000	1.01]
40	0.12167	2.50	81	6.32000	1.05			
41	0.13167	2.43	82	7.01167	1.05			
42	0.14417	2.36	83	7.75750	1.05			
43	0.15833	2.29	84	8.58333	1.05			
44	0.17500	2.22	85	9.50583	1.05			
45	0.19417	2.15	86	10.52833	1.05			
46	0.21250	2.09	87	11.64500	1.05			
47	0.23250	2.03	88	12.84167	1.05			
48	0.24417	1.97	89	14.10417	1.05			
49	0.25750	1.91	90	15.42167	1.05			
50	0.27667	1.85	91	16.66083	1.04			
51	0.29917	1.78	92	17.95250	1.03			
52	0.33000	1.71	93	19.31500	1.02			
53	0.36333	1.64	94	20.75417	1.01			
54	0.40583	1.57	95	22.26583	1.01			
55	0.45833	1.50	96	23.64917	1.01			
56	0.51167	1.46	97	25.12417	1.01			
57	0.56917	1.42	98	26.69833	1.01			
58	0.61833	1.38	99	28.37833	1.01			
59	0.67500	1.34	100	30.17500	1.01			
60	0.74333	1.30	101	31.60083	1.01			
61	0.82667	1.28	102	33.12000	1.01			
62	0.92833	1.26	103	34.73667	1.01			
63	1.04250	1.24	104	36.45667	1.01			
64	1.16250	1.22	105	38.26083	1.01			
65	1.28917	1.20	106	40.17917	1.01			
66	1.41750	1.19	107	42.21833	1.01			
67	1.54750	1.18	108	44.38583	1.01			
68	1.68750	1.17	109	46.68833	1.01			
69	1.83250	1.16	110	49.13250	1.01			
70	2.00833	1.15	111	51.72833	1.01			
71	2.20500	1.13	112	54.48333	1.01			
72	2.46333	1.11	113	57.40917	1.01			
73	2.73583	1.09	114	60.51250	1.01			
74	3.02250	1.07	115	63.80583	1.01			
75	3.33583	1.05	116	67.29917	1.01			

Note: Cost of Insurance Rates are per \$1,000 of *Net Amount at Risk*.

To comply with section 7702 of the Internal Revenue Code, the total death benefit for this policy will not be less than the *account value* multiplied by the applicable corridor factor above.

## POLICY SCHEDULE

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### MAXIMUM EXPENSE CHARGES

- (1) Premium Charge: [7.00]% of each premium collected
- (2) Monthly Administrative Charge: \$[7.00] per month
- (3) Monthly Specified Amount Charge:

<u>Policy Year</u>	<u>Monthly Specified Amount Charge</u>
1	\$[6.13]
2	\$[19.42]
3	\$[19.42]
4	\$[19.42]
5	\$[19.42]
6	\$[15.54]
7	\$[11.65]
8	\$[7.77]
9	\$[3.88]
10	\$[0.00]
11	\$[0.00]
12	\$[0.00]
13	\$[0.00]
14	\$[0.00]
15	\$[0.00]
16 +	\$[0.00]

### TABLE OF SURRENDER CHARGES

<u>Policy Year</u>	<u>Surrender Charge</u>
1	\$[1,941.00]
2	\$[1,877.00]
3	\$[1,810.00]
4	\$[1,740.00]
5	\$[1,666.00]
6	\$[1,589.00]
7	\$[1,508.00]
8	\$[1,423.00]
9	\$[1,334.00]
10	\$[1,240.00]
11	\$[1,142.00]
12	\$[1,039.00]
13	\$[931.00]
14	\$[817.00]
15	\$[697.00]
16	\$[570.00]
17	\$[438.00]
18	\$[298.00]
19	\$[150.00]
20 and thereafter	\$[0.00]

In the event of an increase in the *specified amount*, the *surrender charges* and the monthly specified amount charge will increase. *You* will receive a revised policy schedule reflecting the increase.

## POLICY SCHEDULE

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Minimum increase in *specified amount*: \$[25,000]

Minimum decrease in *specified amount*: \$[1,000]

Minimum partial withdrawal amount: \$[100]

Maximum partial withdrawal fee: \$[50]

Maximum *attained age* for an increase or reinstatement: [85]

The maximum loan interest rate is [4.00]%. The maximum preferred loan interest rate is [3.50]%. The interest rate credited on any loaned portion of the *account value* will be [3.00]%. These interest rates are annual effective rates.

This is a Flexible Premium Universal Life Insurance policy with an adjustable death benefit. We will pay the death benefit if the *insured* dies while this policy is in force, subject to the terms of this policy.

## DEFINITIONS

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(Defined terms appear in italics throughout this policy.)

**ACCOUNT VALUE.** Means the sum of *net premiums* paid, minus partial withdrawals, minus *monthly deductions*, plus interest credited.

**ANNUAL DATE.** Means the same date each year as the *policy date*.

**ATTAINED AGE.** Means the *issue age* plus the number of completed policy years. With respect to any increase in *specified amount*, *attained age* means the *issue age* for the increase plus the number of completed policy years.

**CASH SURRENDER VALUE.** Means the *account value*, minus *surrender charges*, minus any *policy debt*.

**INSURED.** Means the person shown on the policy schedule upon whose life this policy is issued.

**ISSUE AGE.** Means the *insured's* age as of the birthday nearest to the *policy date*. With respect to any increase in *specified amount*, *issue age* means the *insured's* age as of the birthday nearest to the date of the increase.

**ISSUE DATE.** Means the date on which the suicide and incontestability periods begin. If *we* have received the initial premium from *you*, the *issue date* will also be the date when *you* have life insurance coverage with *us*. If *we* have not received the initial premium from *you*, *you* WILL NOT have coverage until the date on which *we* receive the initial premium from *you*.

**MINIMUM NO-LAPSE PREMIUM.** Means the amount that must be paid on a cumulative basis to keep this policy in force during the minimum no-lapse period as shown on the policy schedule.

**MONTHLY DATE.** Means the same date of each month as the *policy date*.

**MONTHLY DEDUCTION.** Means a charge made against the *account value* each policy month. The *monthly deduction* is more fully described in the Monthly Deduction provision.

**NET AMOUNT AT RISK.** Means the death benefit on the *monthly date*, discounted at the guaranteed rate of interest for one month, minus the *account value* on the *monthly date*, after all *monthly deductions* have been taken except for the cost of insurance.

**NET PREMIUM.** Means the premium paid reduced by the premium charge, which will not exceed the maximum premium charge shown on the policy schedule.

**OWNER, YOU, YOUR.** Means the *owner* named in the application, unless changed. The *insured* may or may not be the *owner*.

**PLANNED PERIODIC PREMIUM.** Means a selected premium of a level amount at a fixed interval. The *planned periodic premium* is shown on the policy schedule.

**POLICY DATE.** Means the date from which policy months, years and anniversaries are measured. The *policy date* will be determined by *us* unless *you* request a different *policy date* that *we* approve. If the *issue date* is after the *policy date* or *we* have not received the initial premium from *you*, *you* WILL NOT have life insurance coverage on the *policy date*.

**POLICY DEBT.** Means the sum of all unpaid policy loans and accrued interest on policy loans.

**SPECIFIED AMOUNT.** Means a dollar amount used to determine the death benefit of *your* policy. It is shown on the policy schedule. *You* may increase or decrease it as provided in *your* policy.

**SURRENDER.** Means termination of this policy at *your* request for its *cash surrender value* while the *insured* is alive. See the Cash Surrender provision of this policy.

**SURRENDER CHARGE.** Means the charge subtracted from the *account value* on the *surrender* of this policy.

**WE, US, OUR, ACACIA LIFE INSURANCE COMPANY.** Means Acacia Life Insurance Company.

**WRITTEN NOTICE.** Means information *we* have received at the address(es) shown on the first page of this policy which is written, is signed by *you*, and is acceptable to *us*.

## OWNERSHIP

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**OWNERSHIP.** While the *insured* is living, *you* have all rights in this policy. *Your* rights will be subject to any assignment and to the rights of any irrevocable beneficiary. If *you* die before the *insured*, the successor *owner* named in the application is the new *owner*. If there is no successor *owner*, then *your* estate becomes the new *owner*.

A change of *owner* may be made at any time by *written notice* to *us*. It will take effect on the date *written notice* is received. *We* will record the change. Unless there are no surviving primary or contingent beneficiaries, a change of *owner* does not change the beneficiary.

## BENEFICIARY

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**BENEFICIARY.** The beneficiary will receive the death benefit proceeds when the *insured* dies. The primary and any contingent beneficiaries are named in the application. If no primary beneficiary is living when the *insured* dies, *we* will pay to the contingent beneficiary. If no contingent beneficiary is living when the *insured* dies, *we* will pay *you* or *your* estate.

Unless the beneficiary designation provides otherwise, *we* will follow these rules:

- (1) *We* will pay equal shares when more than one beneficiary of the same class is to share the funds.
- (2) No revocable beneficiary has rights in this policy until the *insured* dies.
- (3) An irrevocable beneficiary cannot be changed without his or her consent.
- (4) The interest of any beneficiary is subject to the rights of any assignee shown on *our* records.
- (5) When beneficiaries are not shown by name (such as “children”), *we* may find who they are from sworn statements and not wait for court records.

*You* may change the beneficiary at any time while the *insured* is living by *written notice* to *us*. Any change must be approved by *us*. If approved, it will take effect on the date the *written notice* was signed by *you*. *We* will not be liable for any payments *we* make or actions *we* take before the change is approved.

Unless otherwise provided, if any beneficiary dies within 30 days after the *insured* dies as the result of a common disaster, *we* will pay the death benefit as if that beneficiary died first.

## DEATH BENEFIT

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**DEATH BENEFIT.** We will pay the death benefit proceeds in a lump sum as soon as we receive satisfactory proof that the *insured* died while this policy was in force, and other proof that we may require in order to investigate the claim. We will include interest from the *insured's* date of death to the payment date. The rate will not be less than required by law. Full payment of the death benefit proceeds to the beneficiary discharges us from any and all claims.

Death benefit proceeds will equal:

- (1) the death benefit at the *insured's* date of death; plus
- (2) any additional life insurance proceeds provided by riders; minus
- (3) any *policy debt*; minus
- (4) any overdue *monthly deductions* including the *monthly deduction* for the month of death.

**DEATH BENEFIT OPTIONS.** The death benefit at any time depends on the death benefit option you select.

**Option A.** The death benefit is the greater of: (1) the *specified amount*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

**Option B.** The death benefit is the greater of: (1) the *specified amount* plus the *account value*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

**Option C.** The death benefit is the greater of: (1) the *specified amount* plus the sum of premiums paid minus the sum of partial withdrawals taken; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule. If the sum of partial withdrawals taken is greater than the sum of premiums paid, the death benefit may be less than the *specified amount*.

The policy schedule shows the *specified amount* and the death benefit option.

**DEATH BENEFIT OPTION CHANGES.** You may make certain changes to the death benefit option by *written notice* to us. The effective date of change will be the *monthly date* following our receipt of the *written notice*.

- (1) The option may be changed from Option B to Option A, or from Option C to Option A. This will not change the *specified amount* and the death benefit will be reduced to equal the *specified amount*.
- (2) The option may be changed from Option A to Option B, or from Option C to Option B. In such case, the *specified amount* will be adjusted so that the *net amount at risk* is unchanged.

**SPECIFIED AMOUNT CHANGES.** On or after one year from the *policy date*, you may change the *specified amount* by *written notice* to us. Any change is subject to the following conditions:

- (1) Any increase of the *specified amount* will require evidence of insurability satisfactory to us and is subject to our underwriting limits in place at that time. Underwriting requirements do not apply to increases requested under certain riders that may be attached to the policy. An approved increase will have an effective date as shown on the revised policy schedule.
- (2) Any increase of the *specified amount* will be subject to cost of insurance charges, monthly specified amount charges and *surrender charges* based on the *insured's* gender and the *issue age* and rate class for the increase.
- (3) A decrease of the *specified amount* will be effective on the *monthly date* following *written notice* to us. Any reduction will be in the following order:
  - (a) against the most recent increase of the *specified amount*;
  - (b) against the next most recent increases;
  - (c) against the initial *specified amount*.
- (4) Any decrease of the *specified amount* requested by you will not reduce the *surrender charges* or the monthly specified amount charges.

- (5) The *specified amount* after any requested change must not be less than the minimum *specified amount* stated on the policy schedule.

## PREMIUMS

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**PAYMENT OF PREMIUM.** The initial premium is the amount paid on or before delivery of this policy. *You* may make other premium payments at any time, but not more often than once each month.

The *planned periodic premium* is stated on the policy schedule. *You* may change the amount and / or frequency of the *planned periodic premium*.

We reserve the right to limit the amount and frequency of premium payments. We reserve the right to require evidence of insurability for any premium payment that increases the *net amount at risk* of the policy. We will not accept that portion of a premium payment which affects the tax qualifications of this policy as described in section 7702 of the Internal Revenue Code, as amended. This excess amount will be returned to *you*.

Premium payments may be made to the address(es) shown on the first page of this policy or to such other place as *we* may designate. A receipt signed by *our* President or Secretary will be provided upon request. In the event no further premiums are paid, coverage will continue subject to the Grace Period provision until the *cash surrender value* is no longer sufficient to cover the *monthly deduction*.

## POLICY VALUES

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This policy has an *account value* and a *cash surrender value* that, during the life of the *insured*, may be used for *your* benefit.

**ACCOUNT VALUE.** The *account value* on the *issue date* is equal to any *net premiums* received by *us* on or before the *issue date*, minus any *monthly deductions* due on or before the *issue date*.

The *account value* on each *monthly date* thereafter is equal to  $(a + b + c + d) - (e + f + g)$ , where:

- (a) is the *account value* on the prior *monthly date*;
- (b) is one month's interest on (a);
- (c) is any *net premium* received since the prior *monthly date*;
- (d) is interest on (c) from the date received to the current *monthly date*;
- (e) is any partial withdrawal since the prior *monthly date*;
- (f) is interest on (e) from the date paid to the current *monthly date*;
- (g) is the *monthly deduction* due on the current *monthly date*.

On any day between *monthly dates*, the *account value* is calculated using steps a through f above, with pro-rata adjustment of interest to reflect the time elapsed since the prior *monthly date*.

**CASH SURRENDER.** *You* may *surrender* this policy for the *cash surrender value* by *written notice* to *us*. After we receive *written notice*, we have the right to wait up to six months to pay except for payment of premiums on any policy in force with *us*. Once surrendered, this policy cannot be reinstated.

**PARTIAL WITHDRAWAL.** *You* may take a partial withdrawal of cash from the *cash surrender value* by *written notice* to *us*. The minimum partial withdrawal is shown on the policy schedule. The maximum partial withdrawal amount is:

- (1) the *cash surrender value*; minus
- (2) the sum of the next three *monthly deductions*.

We may deduct a partial withdrawal fee, which will not exceed the maximum partial withdrawal fee shown on the policy schedule. If Death Benefit Option A is in effect, the *specified amount* will be reduced by the amount withdrawn plus any fee. After we receive *written notice*, we have the right to wait up to six months to pay, except for payment of premiums on any policy in force with us.

**LOANS.** You may obtain a loan from the *cash surrender value* of this policy. The maximum available loan amount is:

- (1) the *cash surrender value*; minus
- (2) loan interest up to the next *annual date*; minus
- (3) the sum of the next three *monthly deductions*.

After the 5th policy anniversary, a portion of the *policy debt* may qualify for the preferred loan interest rate. The portion eligible for the preferred loan interest rate is:

- (1) the *account value*; plus
- (2) the sum of partial withdrawals taken; minus
- (3) the sum of premiums paid.

The maximum loan interest rate and the maximum preferred loan interest rate are shown on the policy schedule. We have the option of charging less.

This policy will be assigned to us as security for any loan. We may defer making a loan up to six months except to pay premiums on any policy in force with us. We may require you to sign a loan agreement.

A loan may be paid back in full or in part at any time.

Interest accrues daily and becomes a part of the *policy debt*. Interest payments are due on each *annual date*. If interest is not paid when due, it will be added to the *policy debt* and will bear interest at the rate charged on the loan.

## POLICY FACTORS

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**COST OF INSURANCE.** The maximum cost of insurance rates are determined by the *insured's* gender, *issue age*, and rate class, as shown on the policy schedule. The maximum cost of insurance rates for any increase in *specified amount* are determined by the *insured's* gender and the *issue age* and rate class for the increase.

The cost of insurance for a policy month is the cost of insurance rate times the *net amount at risk* divided by \$1,000.

For purposes of determining the cost of insurance, *account value* is allocated first to the initial *specified amount*, then to subsequent increases in *specified amount* in the order those increases occurred.

**SPECIFIED AMOUNT CHARGE.** The maximum monthly specified amount charge is shown on the policy schedule. Any increase in the *specified amount* will result in an additional monthly specified amount charge.

**MONTHLY DEDUCTION.** On each *monthly date*, we will deduct an amount from your *account value* to pay us for providing the benefits of the policy. This amount is called the *monthly deduction*. The rates used to calculate the *monthly deductions* will not exceed the maximum rates shown on your policy schedule. We will determine actual rates based on our future expectations of such factors as mortality, expenses, interest, persistency and taxes. Any changes will be determined according to the procedures and standards on file with your State Insurance Department. Any change we make will be on a uniform basis for *insureds* of the same *issue age*, gender, rate class, *specified amount*, and the length of time coverages have been in force.



The *monthly deduction* equals:

- (1) the cost of insurance; plus
- (2) the monthly administrative charge; plus
- (3) the monthly specified amount charge; plus
- (4) the cost for any policy riders.

The *monthly deduction* is due on each *monthly date*, beginning on the *policy date*.

**INTEREST RATE.** The guaranteed interest rate to be applied in the *account value* calculation is shown on the policy schedule. An interest rate exceeding the guaranteed rate may be used at *our* option. We will credit the guaranteed interest rate to the portion of the *account value* which is loaned.

## KEEPING THE POLICY IN FORCE

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**GRACE PERIOD.** On any *monthly date* when the *cash surrender value* is less than the *monthly deduction* for the next policy month, *you* will have a 61-day grace period to make a premium payment to continue this policy. The minimum premium to continue this policy will be no more than an amount which results in a *cash surrender value* on the date the grace period begins equal to the current *monthly deduction* plus the next two *monthly deductions*. We will mail notice of this minimum premium to *your* last known address and to any assignee of record at the start of the 61-day grace period, at least 30 days and no more than 60 days prior to the end of the grace period.

If the premium is not paid within the grace period, all insurance stops and this policy terminates with no *cash surrender value*. If the *insured* dies during the grace period, the proceeds paid on death will be equal to the death benefit immediately prior to the start of the grace period, minus *policy debt* and overdue *monthly deductions* as of the date of death.

**MINIMUM NO-LAPSE PERIOD.** During the minimum no-lapse period, *we* guarantee this policy will remain in force and the grace period will not begin if the sum of the premiums paid to date, minus the sum of partial withdrawals taken and *policy debt*, equals or exceeds the sum of the monthly *minimum no-lapse premiums* from the *policy date* to the most recent *monthly date*. The *minimum no-lapse premium* and the minimum no-lapse period are shown on the policy schedule.

**CONTINUATION OF INSURANCE.** Insurance coverage under this policy and any benefits provided by any rider(s) will be continued through the grace period.

## GENERAL PROVISIONS

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**ENTIRE CONTRACT.** This policy is a legal contract that *you* have entered into with *us*. The entire contract consists of:

- (1) this policy;
- (2) any riders;
- (3) any endorsements;
- (4) the attached copy of the application, and any amendments or supplemental applications; and
- (5) the applicable policy schedule(s).

Any change in the contract must be written and signed by *our* President, or a Vice President, or the Secretary, or the Assistant Secretary. No one else is authorized to bind *us*.

Statements made in the application for issuance or reinstatement, in the absence of fraud, are representations and not warranties. No such statements will be used in defense of a claim under this policy unless contained in a written application and unless a copy of such statement is part of this policy.

**NONPARTICIPATING POLICY.** This policy is nonparticipating. No dividends will be paid under this policy.

**RELIANCE.** We have issued this policy based on the answers in the application and supplemental applications. We have assumed all such answers to be true and complete. If any are not, we may, subject to the Incontestability provision, have the right to void this policy and send back all premiums paid, minus *policy debt* and any partial withdrawals.

**INCONTESTABILITY.** We will not contest this policy, in the absence of fraud, after it has been in force while the *insured* is alive for two years from the *issue date*, nor will we contest any increased benefits later than two years after the effective date for such increased benefits. If you did not request the increase or if evidence of insurability was not required, we will not contest the increase. As used herein, increased benefits shall include any favorable policy changes requested by you. If this policy is reinstated, the incontestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement. This provision does not apply to riders that provide disability benefits, accidental death benefits or accelerated death benefits.

**SUICIDE.** For the first two full years from the *issue date*, we will not pay the death benefit if the *insured* commits suicide (while sane or insane). We will terminate this policy and give back the premiums paid, minus *policy debt* and any partial withdrawals. We will not pay any increases in benefits that are subject to evidence of insurability if the *insured* commits suicide (while sane or insane) within two years after the effective date for such increases. In these instances, prior to determining the death benefit, we will return to the *account value* the *monthly deductions* for the increases.

**POLICY CHANGES.** This policy is a Flexible Premium Universal Life Insurance policy. You may request to change your *specified amount*, death benefit option or riders by sending us *written notice*. Whenever one of these changes is made, we will send you a revised policy schedule that will include the new amount and new charges.

**ANNUAL REPORT.** At least once a year we will send you an annual report showing the current *account value*, *cash surrender value*, amount of interest credited, premiums paid, loans, expense charges and cost of insurance charges since the prior report. Any other information required by your State Insurance Department will also be included in the annual report.

**ILLUSTRATIVE REPORT.** You may request a projection of illustrative future benefits and values at any time. We may make a reasonable charge to provide this information.

**TERMINATION.** This policy will terminate and all insurance will stop:

- (1) on the first *monthly date* after we receive your *written notice*; or
- (2) when a required premium is not received before the end of the grace period; or
- (3) when the *insured* dies.

**REINSTATEMENT.** Within five years after your policy terminates, you may put this policy back in force by *written notice* to us if:

- (1) the *insured* provides us with evidence of insurability;
- (2) the *attained age* of the *insured* on the date of reinstatement does not exceed the maximum *attained age* for reinstatement as shown on the policy schedule;
- (3) the *insured* is alive on the date of reinstatement; and
- (4) this policy has not been surrendered for its *cash surrender value*.

The minimum premium *you* must pay to reinstate *your* policy is  $(a + b + c - d)$  divided by (e) where:

- (a) is the sum of all due and unpaid *monthly deductions* during the grace period;
- (b) is the sum of *monthly deductions* for three months from the date of reinstatement;
- (c) is the *surrender charge* on the date of reinstatement;
- (d) is the *account value* at the beginning of the grace period; and
- (e) is one minus the premium charge.

The *account value* on the date of reinstatement will equal:

- (1) the *net premium* paid to reinstate this policy; plus
- (2) the *account value* at the beginning of the grace period; minus
- (3) the sum of the due and unpaid *monthly deductions* during the grace period.

*You* must repay or reinstate any *policy debt* that existed at the beginning of the grace period. *Surrender charges* will be based on the original *policy date* and the dates of any increases in *specified amount* as if this policy had never terminated.

**CONFORMITY WITH LAWS.** This policy is subject to the laws of the state where the application is signed.

**MISSTATEMENT OF AGE OR GENDER.** If the *insured's* age or gender has been misstated on the application, an adjustment will be made to reflect the correct age and gender as follows:

- (1) If the misstatement is discovered at death, the death benefit amount will be adjusted based on what the cost of insurance rate as of the most recent *monthly date* would have purchased at the *insured's* correct age and gender.
- (2) If the misstatement is discovered prior to death, the *cash surrender value* will be adjusted to reflect the expense charges, *surrender charges*, and cost of insurance rates based on the *insured's* correct age and gender from the *policy date*.

**ASSIGNMENT.** *You* may assign this policy by giving *written notice*. *We* will not be responsible for the validity of an assignment. *We* will not be liable for any payments *we* make or actions *we* take before *we* receive *written notice* of an assignment. An assignment is subject to any policy loans and loan interest.

**COMPUTATIONS.** Minimum *account values* are based on maximum cost of insurance rates, maximum expense charges and guaranteed interest rate shown on the policy schedule. All interest rates shown on the policy schedule are annual effective rates unless otherwise stated.

*Cash surrender values* will not be less than the minimum required by the laws of the state where this policy is signed. If required, *we* have filed a detailed statement about these computations with *your* State Insurance Department.

Flexible Premium Universal Life Insurance Policy  
Nonparticipating

## Acacia Life Insurance Company

### ACCOUNTING BENEFIT RIDER

**DEATH BENEFIT.** Under this rider, the death benefit of the policy to which this rider is attached is modified. The death benefit under this policy with this rider attached depends on the death benefit option you select.

**Option A.** The death benefit is the greater of: (1) the *specified amount* of the policy plus the ABR *specified amount*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

**Option B.** The death benefit is the greater of: (1) the *specified amount* of the policy plus the ABR *specified amount* plus the *account value*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

**Option C.** The death benefit is the greater of: (1) the *specified amount* of the policy plus the ABR *specified amount* plus the sum of premiums paid minus the sum of partial withdrawals taken; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule. If the sum of partial withdrawals taken is greater than the sum of premiums paid, the death benefit may be less than the *specified amount*.

The *specified amount* of the policy, the ABR *specified amount* and the death benefit option are shown on the policy schedule.

**ABR SPECIFIED AMOUNT CHANGES.** As long as the ABR *specified amount* and the *specified amount* attributed to the base policy remain in the same proportion as at the *policy date*, you may change the ABR *specified amount* by *written notice* to us during the lifetime of the *insured*, subject to our approval.

- (1) An increase of the ABR *specified amount* may be requested on or after one year from the *policy date*. Any increase will require evidence of insurability satisfactory to us and is subject to our underwriting limits in place at that time. An approved increase will have an effective date as shown on the revised policy schedule.
- (2) A decrease of the ABR *specified amount* may be requested on or after one year from the *policy date*. A decrease of the ABR *specified amount* will be effective on the *monthly date* following *written notice* to us. Any reduction will be made in the following order:
  - (a) against the most recent increase of the ABR *specified amount*;
  - (b) against the next most recent increases;
  - (c) against the original ABR *specified amount*.

**MONTHLY DEDUCTION.** On each *monthly date*, we will deduct an amount from your *account value* to pay us for providing the benefit of this rider. The *monthly deduction* for this rider is:

- (a) the cost of insurance for this rider; plus
- (b) the monthly ABR *specified amount* charge.

We will deduct the monthly cost for this rider until it terminates.

**COST OF INSURANCE.** On each *monthly date*, the cost of insurance for this rider is (a) times (b) where:

- (a) is the applicable monthly cost of insurance rate for this rider; and
- (b) is the *net amount at risk* attributed to the ABR.

The *net amount at risk* is allocated between the policy and the ABR in proportion to the specified amounts of each as of the *monthly date*.

The maximum cost of insurance rate is determined for the ABR by the *insured's* gender, *issue age* and rate class as shown on the policy schedule. A cost of insurance rate less than the maximum cost of insurance rate may be used at our option. Any changes in the cost of insurance rates will be made by class and will be determined according to the procedures and standards on file with the Insurance Department.

**ABR SPECIFIED AMOUNT CHARGE.** The ABR *specified amount* charge is the amount shown on the policy schedule and is based on the ABR *specified amount* as of the effective date for the rider. If there are any increases in the ABR *specified amount*, each increase will have a corresponding ABR *specified amount* charge related to the amount of the increase. A decrease in the ABR *specified amount* will not reduce the ABR *specified amount* charge. These charges will be specified on the policy schedule at the time of the increase.

**CONVERSION.** This rider may not be converted.

**INCONTESTABILITY.** In the absence of fraud, *we* will not contest this rider after it has been in force during the *insured's* lifetime for two years. *We* will not contest any increased benefit later than two years after its effective date.

**SUICIDE.** If the *insured* under this rider commits suicide (while sane or insane) within two years after the date that insurance starts, *our* total liability will be to return the monthly rider charges for that insurance. If the *insured* under this rider commits suicide (while sane or insane) within two years after the effective date for an increase in the benefit amount, *our* total liability for that increase will be to return the monthly rider charges for that increase.

**TERMINATION.** This rider will terminate:

- (1) when the policy terminates; or
- (2) when the policy lapses; or
- (3) on the first *monthly date* after *you* give *us* written notice.

**REINSTATEMENT.** Within five years after the insurance terminated, *you* may put this rider back in force by *written notice* to *us* if:

- (1) the policy is in force;
- (2) the *insured* provides *us* with evidence of insurability; and
- (3) enough premium is paid to keep this rider in force for three months.

**CONTRACT.** This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider.

**RIDER SPECIFICATIONS.** The effective date, benefit amount and maximum monthly charges for this rider are shown on the policy schedule.

ACACIA LIFE INSURANCE COMPANY

The word "SPECIMEN" is printed in large, bold, capital letters. Overlaid on it is a handwritten signature in black ink that appears to read "Robert L. Sanchez".

Secretary

The word "SPECIMEN" is printed in large, bold, capital letters. Overlaid on it is a handwritten signature in black ink that appears to read "Robert L. Sanchez".

President

## Acacia Life Insurance Company

### ACCIDENTAL DEATH BENEFIT RIDER

**PAYMENT OF INSURANCE.** We will pay the benefit amount under this rider as soon as we receive satisfactory proof that the *insured's* death:

- (1) occurred within 120 days of the date of injury; and
- (2) resulted from an injury which occurred while this rider was in force; and
- (3) resulted from accidental bodily injury, directly and independently of all other causes. Except in the case of drowning or internal injuries revealed by an autopsy, the injury must be evidenced by a visible bruise or wound on the body.

If death results from the *insured's* travel as a fare-paying passenger on a public conveyance operated by a licensed common carrier for passenger service, the benefit amount will be doubled.

The benefit will be paid to the designated beneficiary, if any; otherwise to

- (1) *you*, if living; otherwise to
- (2) *your* estate.

**RISKS NOT ASSUMED.** The benefit amount under this rider will not be payable if the *insured's* death results from, or is contributed to by, any of the following causes:

- (1) suicide or attempted suicide, while sane or insane; or
- (2) any intentionally self-inflicted injury; or
- (3) any disease or infirmity of mind or body; or medical or surgical treatment; or
- (4) an act of declared or undeclared war, whether or not the *insured* is a member of any armed forces; or
- (5) any unlawful participation in a riot; or
- (6) an attempt to commit, or commission of, an assault or felony; or
- (7) voluntary or involuntary inhalation of any kind of gas except while in performance of those duties considered within the scope of occupation or employment; or
- (8) the voluntary taking of any drug unless taken as prescribed by a physician; or
- (9) riding in or descending from any kind of aircraft;
  - (a) as a passenger in any aircraft operated by or for the armed forces; or
  - (b) as a participant in a sporting event or hobby; or
  - (c) as a pilot, crew member or participant in training. Crew member includes anyone who has duties at any time on the flight involving either the flight or the aircraft.

**RIGHT TO EXAMINE.** We have the right to examine the *insured's* body and to have an autopsy performed, at *our* expense, unless prohibited by law.

**TERMINATION.** This rider will terminate;

- (1) when the policy terminates; or
- (2) on the first *monthly date* after you give us written notice; or
- (3) on the expiry date shown on the policy schedule.

**CONTRACT.** This rider is made a part of the policy and is based on the application for this rider.

**MONTHLY COST OF BENEFIT.** We will deduct the monthly cost for this rider until it terminates.

**RIDER SPECIFICATIONS.** The effective date, benefit amount, and monthly cost for this rider are shown on the policy schedule.

**ACACIA LIFE INSURANCE COMPANY**

 **SPECIMEN**

Secretary

 **SPECIMEN**

President



# Acacia Life Insurance Company

## GUARANTEED INSURABILITY RIDER

**BENEFIT.** On each option date while this rider is in force, *you* may increase the *specified amount* by the benefit amount of this rider shown on the policy schedule. No evidence of insurability will be required. The option dates will be the *annual dates* nearest the *insured's* 25th, 28th, 31st, 34th, 37th and 40th birthdays.

**ADVANCING OF OPTION DATES.** *You* may elect to advance the next option date when one of these events happen:

- (1) the date of the *insured's* marriage; or
- (2) the date of the live birth of a child of the *insured's* marriage; or
- (3) the date of legal adoption by the *insured* of a child under 18 years of age.

The date the increase in coverage will take effect will be the third *monthly date* after the event. If more than one child is born or adopted on the same date, an option date will be advanced with respect to each child. An advanced option date will replace the next regular option date. At no time may the total number of options that are elected be more than the number of option dates that occur after the effective date of this rider.

**OTHER RIDERS.** *You* may increase the monthly total disability benefit that is provided by this policy, if any, on an option date in the same proportion as the *specified amount* increase that is elected under this rider.

If on an option date premiums are being credited under the terms of a Total Disability Benefit Rider, *we* will automatically increase the *specified amount* of insurance for the *insured* by the benefit amount of this rider. *We* will also increase the monthly total disability benefit in the same proportion.

*You* may increase the accidental death benefit that is provided by this policy, if any, on an option date in the same proportion as the *specified amount* increase elected under this rider, provided that the total amount of accidental death benefit for all policies issued by *us* on the *insured's* life does not exceed \$150,000.

**OPTION PERIOD.** The option period for an option date begins 60 days before and ends 31 days after that date. The option period for an option date that has been advanced begins on the date of any occasion in the ADVANCING OF OPTION DATES section and ends 91 days after that date.

**AUTOMATIC TERM INSURANCE.** *We* will provide free term insurance on the life of the *insured* for the option period of an available option date caused by marriage, birth, or adoption of a child. The insurance is not payable if the *insured* dies by suicide, while sane or insane. The amount will be equal to the option amount. This insurance will expire on the day before the third *monthly date* after the marriage, birth or adoption.

If the *specified amount* is reduced below the benefit amount of this rider, the benefit amount will be changed to the reduced *specified amount*. The monthly cost for this rider will also be reduced.

**TERMINATION.** This rider will terminate:

- (1) when the policy terminates; or
- (2) on the first *monthly date* after *you* give *us* written notice; or
- (3) on the expiry date shown on the policy schedule.

**REINSTATEMENT.** Within five years after *your* rider terminates, *you* may put this rider back in force by *written notice* to *us* if:

- (1) the policy is in force; and
- (2) *you* provide *us* with evidence of insurability; and
- (3) enough premium is paid to keep this rider in force for three months.

**CONTRACT.** This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider.

**MONTHLY COST OF BENEFIT.** We will deduct the monthly cost for this rider until it terminates.

**RIDER SPECIFICATIONS.** The effective date, benefit amount and monthly cost for this rider are shown on the policy schedule.

ACACIA LIFE INSURANCE COMPANY

 SPECIMEN

Secretary

 SPECIMEN

President

# Acacia Life Insurance Company

## INSURANCE EXCHANGE RIDER

**BENEFIT.** If certain conditions are met, *you* may exchange this policy for a new policy on the life of a substitute *insured*.

**CONDITIONS.** In order for *you* to exchange this policy for a new policy on the life of a substitute *insured*, the following conditions must be met:

- (1) This policy and this rider must be in force.
- (2) *We* must receive a written application for insurance in a form acceptable to *us*, signed by *you* and the substitute *insured*.
- (3) *We* must receive satisfactory proof of the insurability of the substitute *insured*.
- (4) *You* must have an insurable interest in the life of the substitute *insured*.
- (5) Any assignee, lienholder, and irrevocable beneficiary must consent in writing to the exchange.

**TERMS OF NEW POLICY.** The following will apply to the new policy:

- (1) The *specified amount* of the new policy may be no greater than the *specified amount* of this policy.
- (2) The *account value* of this policy will be transferred to the new policy.
- (3) Any *policy debt* will be transferred to the new policy.
- (4) *We* will waive any *surrender charges* on this policy. If *you* exercise the free look privilege of the new policy, *we* will charge *you* the *surrender charges* of this policy.
- (5) The *policy date* of the new policy will be the first *monthly date* following satisfaction of the conditions stated above.
- (6) The new policy may be any permanent plan issued by *us* on the *policy date* of the new policy.
- (7) The incontestability and suicide provisions of the new policy will be measured from the *policy date* of this policy.
- (8) Insurance under this policy will terminate on the *policy date* of the new policy.
- (9) Any riders which are a part of this policy will terminate when this policy terminates. If available, riders may be added to the new policy only with evidence of insurability and *our* consent.

**CONTRACT.** This rider is made a part of the policy.

**TERMINATION.** This rider will terminate;

- (1) when the policy terminates; or
- (2) on the *annual date* nearest the *insured's* 65th birthday.

ACACIA LIFE INSURANCE COMPANY

 **SPECIMEN**

Secretary

 **SPECIMEN**

President

## Acacia Life Insurance Company

### SUPPLEMENTAL COVERAGE RIDER

**RIDER DEATH BENEFIT.** The rider death benefit equals the total death benefit minus the death benefit calculated without this rider. The total death benefit depends on the death benefit option *you* select.

**Option A.** The total death benefit is the greater of: (1) the *specified amount* of the policy plus any ABR *specified amount* plus the SCR *specified amount*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

**Option B.** The total death benefit is the greater of: (1) the *specified amount* of the policy plus any ABR *specified amount* plus the SCR *specified amount* plus the *account value*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

**Option C.** The total death benefit is the greater of: (1) the *specified amount* of the policy plus any ABR *specified amount* plus the SCR *specified amount* plus the sum of premiums paid minus the sum of partial withdrawals taken; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule. If the sum of partial withdrawals taken is greater than the sum of premiums paid, the death benefit may be less than the *specified amount*.

The *specified amount* of the policy, the SCR *specified amount*, the ABR *specified amount* (if applicable) and the death benefit option are shown on the policy schedule.

**SCR SPECIFIED AMOUNT CHANGES.** *You* may change the SCR *specified amount* by *written notice* to *us* during the lifetime of the *insured*, subject to *our* approval.

- (1) An increase of the SCR *specified amount* may be requested on or after one year from the *policy date*. Any increase will require evidence of insurability satisfactory to *us* and is subject to *our* underwriting limits in place at that time. An approved increase will have an effective date as shown on the revised policy schedule.
- (2) A decrease of the SCR *specified amount* may be requested on or after one year from the *policy date*. A decrease of the SCR *specified amount* will be effective on the *monthly date* following *written notice* to *us*. Any reduction will be made in the following order:
  - (a) against the most recent increase of the SCR *specified amount*;
  - (b) against the next most recent increases;
  - (c) against the original SCR *specified amount*.

**MONTHLY DEDUCTION.** On each *monthly date*, we will deduct an amount from *your account value* to pay *us* for providing the benefit of this rider. The *monthly deduction* for this rider is:

- (a) the cost of insurance for this rider; plus
- (b) the monthly SCR *specified amount* charge.

We will deduct the monthly cost for this rider until it terminates.

**COST OF INSURANCE.** On each *monthly date*, the cost of insurance for this rider is (a) times (b) where

- (a) is the applicable monthly cost of insurance rate for this rider; and
- (b) is the *net amount at risk* attributed to the SCR.

The *net amount at risk* is first allocated to the rest of the policy up to the *net amount at risk* that would be calculated for the policy without this rider attached. The remainder of the *net amount at risk*, if any, is allocated to this rider.

The maximum cost of insurance rate is determined for the SCR death benefit by the *insured's* gender, *issue age*, and rate class as shown on the policy schedule. A cost of insurance rate less than the maximum cost of insurance rate may be used at *our* option. Any changes in the cost of insurance rates will be made by class and will be determined according to the procedures and standards on file with the Insurance Department.

**SCR SPECIFIED AMOUNT CHARGE.** The SCR *specified amount* charge is the amount shown on the policy schedule and is based on the SCR *specified amount* as of the effective date for the rider. If there are any increases in the SCR *specified amount*, each increase will have a corresponding SCR *specified amount* charge related to the amount of the increase. A decrease in the SCR *specified amount* will not reduce the SCR *specified amount* charge. These charges will be specified on the policy schedule at the time of the increase.

**CONVERSION.** This rider may not be converted.

**INCONTESTABILITY.** In the absence of fraud, *we* will not contest this rider after it has been in force during the *insured's* lifetime for two years. *We* will not contest any increased benefit later than two years after its effective date.

**SUICIDE.** If the *insured* under this rider commits suicide (while sane or insane) within two years after the date that insurance starts, *our* total liability will be to return the monthly rider charges for that insurance. If the *insured* under this rider commits suicide (while sane or insane) within two years after the effective date for an increase in the benefit amount, *our* total liability for that increase will be to return the monthly rider charges for that increase.

**TERMINATION.** This rider will terminate:

- (1) when the policy terminates; or
- (2) when the policy lapses; or
- (3) on the first *monthly date* after *you* give *us* written notice.

**REINSTATEMENT.** Within five years after the insurance terminated, *you* may put this rider back in force by *written notice* to *us* if:

- (1) the policy is in force;
- (2) the *insured* provides *us* with evidence of insurability; and
- (3) enough premium is paid to keep this rider in force for three months.

**CONTRACT.** This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider.

**RIDER SPECIFICATIONS.** The effective date, benefit amount, and maximum monthly charges for this rider are shown on the policy schedule.

ACACIA LIFE INSURANCE COMPANY



Secretary



President

## Acacia Life Insurance Company

### SCHEDULED INCREASE RIDER FOR THE INSURED

**BENEFIT.** We will automatically increase the *specified amount* on *annual dates* as described in the following section. The amount of increase will be the scheduled increase amount shown on the policy schedule.

**CONDITIONS.** Increases will take place on each *annual date*, subject to the following:

- (1) no increase will be made after the *annual date* nearest the *insured's* 65th birthday; and
- (2) total increases may not exceed two times the initial *specified amount*.

The rate class applicable to each increase will be the rate class of the *insured* on the effective date of this rider.

**REJECTION OF INCREASE.** We will mail you a revised policy schedule for each increase. Acceptance is automatic. You may reject the increase by *written notice* to us and return of the revised policy schedule within 30 days of the increase date.

**TERMINATION OF RIDER.** This rider will terminate;

- (1) when any increase is rejected; or
- (2) when the *specified amount* is reduced; or
- (3) when the policy terminates; or
- (4) on the first *monthly date* after you give us *written notice*; or
- (5) on the expiry date shown on the policy schedule.

**REINSTATEMENT.** Within five years after your rider terminates, you may put this rider back in force by *written notice* to us if:

- (1) the policy is in force; and
- (2) you provide us with evidence of insurability.

**CONTRACT.** This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider.

**RIDER SPECIFICATIONS.** The effective date and benefit amount for this rider are shown on the policy schedule. There is no charge for this rider.

ACACIA LIFE INSURANCE COMPANY

 SPECIMEN

Secretary

 SPECIMEN

President

## Acacia Life Insurance Company

### TOTAL DISABILITY BENEFIT RIDER POLICY CONTINUATION TO INSURED'S DEATH IS NOT GUARANTEED

**NOTE:** The disability benefit that is provided by this rider is not a "waiver of premium" benefit. The benefit amount will be credited to the policy as premiums paid during continued covered disability. On any *monthly date* during continued covered disability, the benefit that is paid may result in *cash surrender value* increases or reductions, and additional premium payments may be required to keep the policy in force.

**PAYMENT OF INSURANCE.** We will credit, as premium to the policy, the monthly total disability benefit stated on the policy schedule. This will be credited upon receipt of satisfactory proof that:

- (1) the *insured* is totally disabled; and
- (2) total disability began while this rider was in force; and
- (3) total disability has continued for six consecutive months.

The benefit will begin on the *monthly date* after the start of the six-month period.

If total disability begins:

- (1) Before age 60: the benefit will be credited during that disability.
- (2) On or after age 60, but before age 63: the benefit will be credited only before age 65 while that disability continues.
- (3) On or after age 63, but before age 65: the benefit will be credited only during the two-year period after that disability begins and while it continues.

As used in this rider, "age 60," "age 63," and "age 65" means the *annual date* that is nearest the *insured's* 60th, 63rd and 65th birthdays, respectively.

**DEFINITION OF TOTAL DISABILITY.** Total disability is a disability which:

- (1) results from bodily injury or disease; and
- (2) lasts for at least six months; and
- (3) begins before age 65; and
- (4) continuously prevents the *insured* from being able to engage in an occupation for pay or profit. During the first 24 months of total disability, "an occupation" means the regular occupation of the *insured* at the time that disability began. After the first 24 months of total disability, "an occupation" means any occupation for which the *insured* is or becomes reasonably suited by education, training or experience. "Occupation for pay or profit" includes being a full-time student or a homemaker, if that was the *insured's* regular occupation at the time that the disability began.

Total disability is also the total and irrevocable loss, by the *insured*, of:

- (1) the sight of both eyes; or
- (2) the use of both hands; or
- (3) the use of both feet; or
- (4) the use of one hand and one foot.

**WRITTEN NOTICE AND PROOF OF DISABILITY.** *Written notice* and satisfactory proof of the *insured's* total disability must be given to *us*:

- (1) during the life of the *insured*; and
- (2) during the period of total disability; and
- (3) within one year after the beginning of the total disability.

Failure to give *written notice* and satisfactory proof within the time required will not invalidate a claim if the *written notice* and satisfactory proof were given as soon as was reasonably possible; however, no amount due more than one year prior to receipt of satisfactory proof by *us* will be paid.

Satisfactory Proof of continuance of total disability must be given to *us* as often as *we* reasonably require. After the first two years of continuous total disability, satisfactory proof will not be required more than once a year. Examination of the *insured* at *our* expense by physicians approved by *us* may be required as part of any *proof*. If *proof* is not given to *us* when required, no further benefit will be paid.

**EXCLUSION AND LIMITATIONS.** No benefit will be paid if disability results from, or is contributed to by:

- (1) intentionally self-inflicted injury; or
- (2) an act of declared or undeclared war while the *insured* is a member of any armed forces.

**TERMINATION OF RIDER.** This rider will terminate:

- (1) when the policy terminates; or
- (2) on the first *monthly date* after *you* give *us* *written notice*; or
- (3) on the expiry date shown on the policy schedule. However, this termination will not affect an eligible claim for disability that occurred before age 65.

**CONTRACT.** This rider is made a part of the policy. It is based on the application for this rider.

**MONTHLY COST OF BENEFIT.** *We* will deduct the monthly cost for this rider until it terminates.

**RIDER SPECIFICATIONS.** The effective date, benefit amount, and monthly cost for this rider are shown on the policy schedule.

**ACACIA LIFE INSURANCE COMPANY**

 **SPECIMEN**

Secretary

 **SPECIMEN**

President



# Acacia Life Insurance Company

## PENSION ENDORSEMENT

Notwithstanding anything in this policy to the contrary, the following changes are made effective as of the *policy date*:

**OWNERSHIP** Provision – The last sentence of the first paragraph is deleted.

**BENEFICIARY** Provision – The last sentence of the first paragraph is changed to read:

If no contingent beneficiary is living when the *insured* dies, *we* will pay to the *insured's* estate.

**DEATH BENEFIT** Provision – the first sentence is changed to read:

*We* will pay the death benefit proceeds in a lump sum or pursuant to IRS requirements governing required distributions, as soon as *we* receive satisfactory proof that the *insured* died while this policy was in force, and other proof that *we* may require in order to investigate the claim.

**CASH SURRENDER** Provision – The first sentence is changed to read:

By *written notice* to *us*, *you* may surrender this policy for the *cash surrender value* or apply it to any periodic payment option agreeable to both *you* and *us*.

**PARTIAL WITHDRAWAL** Provision – The first sentence is changed to read:

By *written notice* to *us*, *you* may take a partial withdrawal of cash or apply it to any periodic payment option agreeable to both *you* and *us*, subject to any loan and the minimum *specified amount* of this policy.

### GENERAL PROVISIONS:

A new paragraph is added to the **ENTIRE CONTRACT** Provision to read:

*We* are not a party to nor bound by any trust or plan described in Section 401(a) of the Internal Revenue Code ("Code"). The terms of this policy shall govern *our* rights and duties, notwithstanding any contrary terms of any such trust or plan.

The first sentence of the **ASSIGNMENT** Provision is changed to read:

Unless *you* are a trustee of a trust described in Section 401(a) of the Code, this policy may not be:

- (1) sold; or
- (2) assigned; or
- (3) discounted; or
- (4) pledged as collateral
  - (a) for a loan; or
  - (b) as security for the performance of an obligation; or
  - (c) for any other purpose.

Such a trustee may assign this policy by giving *written notice*.

A new provision, **CLAIMS OF CREDITORS**, is added to read:

**CLAIMS OF CREDITORS.** The proceeds of this policy will not be subject to the claims of any creditor of the *insured* or of any beneficiary, except as required by law. Neither the *insured* nor any beneficiary will have the right to transfer, assign or otherwise alienate any of the proceeds of this policy.

A new provision, **CONVERSION TO SUPPLEMENTARY CONTRACT**, is added to read:

**CONVERSION TO SUPPLEMENTARY CONTRACT.** If not terminated, this policy may be converted to a supplementary contract providing a periodic payment option agreeable to both *you* and *us*. Upon the effective date of the conversion, this policy will be surrendered to *us* and the policy's *cash surrender value* on that date, along with any additional payment required by *us*, will be applied to provide the agreed upon option.

**MISSTATEMENT OF AGE OR GENDER** Provision in the policy and Term Insurance Rider, if any, is changed to read:

**MISSTATEMENT OF AGE.** If the *insured's* age has been misstated on the application, an adjustment will be made to reflect the correct age as follows:

- (1) If the misstatement is discovered at death, the death benefit amount will be adjusted based on what the cost of insurance rate as of the most recent *monthly date* would have purchased at the *insured's* correct age.
- (2) If the misstatement is discovered prior to death, the *cash surrender value* will be adjusted to reflect the expense charges, *surrender charges*, and cost of insurance rates based on the *insured's* correct age from the *policy date*.

**TERM INSURANCE RIDER**, if any, **PAYMENT OF INSURANCE** Provision – The last sentence is changed to read:

The benefit will be paid to the designated beneficiary, if any; otherwise to the *insured's* estate.

**ACACIA LIFE INSURANCE COMPANY**

 **SPECIMEN**

Secretary

 **SPECIMEN**

President

**Acacia Life Insurance Company**

P.O. Box 81889, Lincoln, NE 68501

800-745-1112 Fax 402-467-7335

(Client Service Department)

**1. Universal Life :**

- a) Specified Amount (base only):\$ \_\_\_\_\_  
Plan of Insurance: \_\_\_\_\_
- b) Death Benefit Option:  
☐ Option A (*Specified Amount*)  
☐ Option B (*Specified Amount plus Account Value*)  
☐ Option C (*Return of Premium*)
- c) Life Insurance Qualification Test:  
☐ GPT (*Guideline Premium Test*)  
☐ CVAT (*Cash Value Accumulation Test*)
- d) Planned Periodic Premium (*modal*):\$ \_\_\_\_\_  
Additional First-Year Premium (*lump-sum deposits*):\$ \_\_\_\_\_
- e) Single Life Supplementary Benefits:  
☐ Accelerated Benefits Rider (*include Disclosure Statement*)  
☐ Accidental Death Benefit Rider:\$ \_\_\_\_\_  
☐ Accounting Benefit Rider:\$ \_\_\_\_\_  
☐ Children's Insurance Rider: \$ \_\_\_\_\_  
☐ Guaranteed Insurability Rider:\$ \_\_\_\_\_  
☐ Other Insured Term Rider: \$ \_\_\_\_\_  
☐ Scheduled Increase Rider: \_\_\_\_\_ %  
☐ Supplemental Coverage Rider: \$ \_\_\_\_\_  
☐ Total Disability Benefits Rider:\$ \_\_\_\_\_  
☐ Waiver of Monthly Deductions Rider  
☐ Other: \_\_\_\_\_

**3. Premium:**

- a) Send Premium Notices to: ☐ Residence ☐ Business  
☐ Owner ☐ Other: (*Specify relationship and address.*)  
☐ Insured \_\_\_\_\_
- b) Premium Frequency: \_\_\_\_\_  
☐ Annual ☐ Electronic Fund Transfer (*complete EFT form*)  
☐ Semi-Annual ☐ Salary Allotment  
☐ Quarterly ☐ Other: \_\_\_\_\_
- c) Has any premium been given in connection with this application?  
☐ Yes ☐ No (*If "Yes," state amount paid for which conditional receipt has been given; the terms of which are hereby agreed to.*)  
Amount: \$ \_\_\_\_\_

## Amendment of Application for Life Insurance

Date: \_\_\_\_\_ Agency Code: \_\_\_\_\_

The policy referred to below is not to be delivered until the "amendment" below has been signed and has been dated. The signature(s) and the date must be exactly the same on both of the copies.

TO ACACIA LIFE INSURANCE COMPANY:

The undersigned hereby accept(s) Policy No.: \_\_\_\_\_ Insured: \_\_\_\_\_

The Policy has been issued as checked in the table shown below. In that respect it differs from the Policy applied for.

**CLASSIFICATION:**

Policy Issued:

- ☐ On Rated Class basis; with higher than Standard premiums.
- ☐ On Rated Class basis; with premiums increased temporarily by extra amount.
- ☐ With an extra premium rating for:
- ☐ Waiver of Premium for Total Disability Rider.
- ☐ Accidental Death Benefit Rider.
- ☐ Applicant's Waiver of Premium for Total Disability Rider.

**PLAN:** ☐ \_\_\_\_\_ instead  
of: \_\_\_\_\_

**ADDITIONAL BENEFITS:**

The benefit applied for and checked has not been issued:

- ☐ Waiver of Premium for Total Disability Rider.
- ☐ Accidental Death Benefit Rider.
- ☐ Children's Insurance Rider.
- ☐ Renewable Term Rider.
- ☐ Other: \_\_\_\_\_

☐ OTHER AMENDMENTS TO POLICY:

It is agreed that the application on which the Policy numbered above was issued shall be considered amended so as to request the Policy as issued. The undersigned declare(s) that: (a) a full and complete copy of this amendment of the application is attached to the Policy numbered above and; (b) it has been signed and dated on the date which is shown below.

Dated at: \_\_\_\_\_, Day \_\_\_\_\_, Month \_\_\_\_\_, Year \_\_\_\_\_

Witness (Agent): \_\_\_\_\_ Proposed Insured: \_\_\_\_\_

**TO BE SIGNED, DATED AND WITNESSED.** Applicant (if other than Proposed Insured): \_\_\_\_\_  
**THIS COPY IS PART OF THE POLICY.**

Acacia Life Insurance Company, P.O. Box 40888, Cincinnati, Ohio 45240

AC 262 B

10/2008

## Amendment of Application

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TO ACACIA LIFE INSURANCE COMPANY:

I hereby amend my application for insurance made to your Company on the \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, in the following details. This amendment is to be deemed a part of said application as fully as though originally incorporated therein.

Dated at: \_\_\_\_\_, Day \_\_\_\_\_, Month \_\_\_\_\_, Year \_\_\_\_\_

Witness: \_\_\_\_\_  
Agent Proposed Insured

\_\_\_\_\_  
Applicant (if other than the Proposed Insured)

## Amendment of Application

TO ACACIA LIFE INSURANCE COMPANY:

I hereby amend my application for life insurance made to your Company on the \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, in the following details. This amendment is to be deemed a part of said application as fully as though originally incorporated therein.

1. Are you on active duty as a member of the Armed Forces? \_\_\_\_\_
  - (a) Branch of Service? \_\_\_\_\_ Rank or Grade? \_\_\_\_\_
  - (b) Are you connected with any unit which receives extra pay for hazardous duties? \_\_\_\_\_
  - (c) Have you been alerted for foreign service? \_\_\_\_\_  
If you answered "Yes" to either (b) or (c), please give details: \_\_\_\_\_
2. Are you a member of, or do you intend joining, any active (ready) or inactive (standby) military organization? If so, please state which, and give name of specific organization. \_\_\_\_\_
3. If a member of the R.O.T.C., please state branch of service, year of graduation from college, expected date of call to active duty, and expected duration of active service. \_\_\_\_\_
4. Have you been alerted for duty in a hazardous area? If so, give details. \_\_\_\_\_
5. Have you taken your mental or physical flight examination for any contemplated aviation activities? \_\_\_\_\_
6. Are you a member of any unit receiving pay for or involved in hazardous duties? If so, give details. \_\_\_\_\_

IF PILOT OR CREW MEMBER, MEMBER OF AIR FORCE RESERVE OR AIR R.O.T.C., PLEASE COMPLETE AVIATION AMENDMENT AC 1217 B.

Dated at: \_\_\_\_\_, Day \_\_\_\_\_, Month \_\_\_\_\_, Year \_\_\_\_\_

Witness: \_\_\_\_\_ Applicant \_\_\_\_\_  
Agent

## Amendment of Application

I hereby amend my application for insurance, which was made to your Company on the \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, in the following details. This amendment shall be deemed a part of that application.

Except as follows, since my application was made, no life or health insurance company has: (1) declined, rated, limited, or postponed a policy for me; nor (2) received an application from me.

Except as follows, since my application was made, I have not, to the best of my knowledge and belief: (1) been ill or injured; or (2) consulted any doctor or practitioner.

Physician's or Practitioner's Name and Address	Illness or Consultation	Date	Duration	Result

### REMARKS:

This amendment has been completed in duplicate. I acknowledge that a copy of this amendment was attached to Policy \_\_\_\_\_ at the time of delivery.

Dated at: \_\_\_\_\_, Day: \_\_\_\_\_, Month: \_\_\_\_\_, Year: \_\_\_\_\_

Witness: \_\_\_\_\_  
Agent Proposed Insured

\_\_\_\_\_  
Applicant if other than Proposed Insured

**TO BE SIGNED, DATED AND WITNESSED. RETURN THIS COPY TO THE COMPANY.**

### TO THE AGENT:

This policy must not be delivered until the amendment has been properly completed in duplicate without change. After the original and duplicate amendments are properly signed, dated and witnessed, mail the original to the Home Office and attach the duplicate amendment to the policy. Be certain that the signature appears on both the original and the duplicate of the amendment.

No change in the wording of the amendment may be made. If the facts are not as stated in the amendment, do not have it signed, but return the policy to the Home Office with a letter of explanation.

## Pilots and Crew Members Aviation Amendment

### PLEASE ANSWER EVERY QUESTION

- I, \_\_\_\_\_, hereby amend my application for life insurance, made to your Company on the \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, in the following details. This amendment is to be deemed a part of said application as fully as though originally incorporated therein.
- Class of license or certificate: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Date of Expiry (if applicable): \_\_\_\_\_
  - Date of last FAA medical examination: \_\_\_\_\_
  - My flying activity is as a: ☐ Student Pilot ☐ Private Pilot ☐ Commercial Pilot ☐ Military Pilot ☐ Crew Member
  - Date you last flew as a pilot or crew member: \_\_\_\_\_ Total solo flying hours to date: \_\_\_\_\_
  - Do you fly or have any intention of flying outside the United States or Canada? ☐ Yes ☐ No If so, give countries and dates: \_\_\_\_\_
  - Have you ever had an aircraft accident involving personal injuries or damage to any plane or property?  
☐ Yes ☐ No If so, explain fully giving dates, places and extent: \_\_\_\_\_
  - Has your license or certificate ever been suspended or have you been grounded for any violation of any air regulations? ☐ Yes ☐ No If so, explain fully giving dates and penalties imposed: \_\_\_\_\_
  - Give particulars below of all flights you have made as a pilot or crew member during the past two years and your estimate of the flights contemplated within the next year. Answer "none", where applicable, as each item must be completed.

Type of Flying as Pilot or Crew Member	History of Past Flights		Estimate Flights During Next 12 Months Number of Hours
	Last 12 Months Number of Hours	Last 24 Months Number of Hours	
(a) Scheduled Airline.			
(b) Company-owned Plane.			
(c) Nonscheduled Passenger or Cargo.			
(d) Instructor, Charter Flying, Sight-seeing, Photography, or Surveying.			
(e) Testing, Forestry, Border Patrol, or Crop Dusting.			
(f) Active Military.			
(g) Military Reserve or National Guard.			
(h) As Student.			
(i) Private Pilot.			
(j) Experimental or prototype Aircraft.			
(k) Any Other Flying - Explain.			

- Are you a member of the Armed Forces, Active or Ready Reserve, Inactive or Standby Reserve, or National Guard? ☐ Yes ☐ No If "Yes," give full details: \_\_\_\_\_
- In what type aircraft do you fly? (Specify alphabetic and numeric code and give brief description; e.g., B-58 supersonic jet bomber): \_\_\_\_\_
- Do you fly regularly ☐ Yes ☐ No or do you fly for proficiency only in connection with administrative duties?  
☐ Yes ☐ No Explain: \_\_\_\_\_
- Have you engaged in or do you contemplate engaging in any type of flying not indicated above? ☐ Yes ☐ No

Dated at: \_\_\_\_\_, Day \_\_\_\_\_, Month \_\_\_\_\_, Year \_\_\_\_\_.

Witness (Agent): \_\_\_\_\_ Applicant: \_\_\_\_\_



<i>SERFF Tracking Number:</i>	<i>UNNC-125811276</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Acacia Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40588</i>
<i>Company Tracking Number:</i>	<i>7000</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>7000 - Universal Life Policy</i>		
<i>Project Name/Number:</i>	<i>7000 - Universal Life Policy/7000 - Universal Life Policy</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNNC-125811276 State: Arkansas  
Filing Company: Acacia Life Insurance Company State Tracking Number: 40588  
Company Tracking Number: 7000  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: 7000 - Universal Life Policy  
Project Name/Number: 7000 - Universal Life Policy/7000 - Universal Life Policy

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 09/10/2008

#### Comments:

#### Attachments:

Reg 19 Cert.pdf

Reg 49 Cert.pdf

### Review Status:

**Satisfied -Name:** Application 09/10/2008

#### Comments:

The application components that will be used with this policy are listed below. These application components were approved by your Department on 12/17/07.

UN 2550 PI-A

UN 2550 PI-B

UN 2550-1 LIFE AC (being submitted with this filing)

UN 2550 FI

UN 2550 LQ

UN 2550 HQ

UN 2550 AG

### Review Status:

**Satisfied -Name:** Statement of Variability 10/03/2008

#### Comments:

The Statement of Variability is attached.

#### Attachment:

7000 Statement of Variability.pdf

### Review Status:

**Satisfied -Name:** Illustration Certification 10/03/2008

#### Comments:

The Illustration Certification is attached.

#### Attachment:

<i>SERFF Tracking Number:</i>	<i>UNNC-125811276</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Acacia Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40588</i>
<i>Company Tracking Number:</i>	<i>7000</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>7000 - Universal Life Policy</i>		
<i>Project Name/Number:</i>	<i>7000 - Universal Life Policy/7000 - Universal Life Policy</i>		

7000 Illustration Cert.pdf

SERFF Tracking Number: UNNC-125811276 State: Arkansas  
Filing Company: Acacia Life Insurance Company State Tracking Number: 40588  
Company Tracking Number: 7000  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: 7000 - Universal Life Policy  
Project Name/Number: 7000 - Universal Life Policy/7000 - Universal Life Policy

**Review Status:**

**Satisfied -Name:** Exhibit A 10/03/2008

**Comments:**

**Attachments:**

Exhibit A.pdf

Exhibit B - Rider, Ends & App descripts.pdf

**Review Status:**

**Satisfied -Name:** Reg 6 Certification 10/16/2008

**Comments:**

**Attachment:**

Reg 6 Cert.pdf

**Review Status:**

**Satisfied -Name:** Reg 34 Certification 10/16/2008

**Comments:**

**Attachment:**

AR Reg 34 Cert - Rates.pdf

**Review Status:**

**Satisfied -Name:** Readability Cert 10/16/2008

**Comments:**

**Attachment:**

UNIV READ CERT.pdf

**CERTIFICATION**  
**Arkansas**

We hereby certify that we have reviewed Rule and Regulation 19 and that Acacia Life Insurance Company meets the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.

A handwritten signature in black ink, reading "Robert G. Lange". The signature is written in a cursive style with a large, stylized "R" and "L".

Robert G. Lange  
Vice President, General Counsel  
& Assistant Secretary

October 6, 2008  
Date

**CERTIFICATION**  
**Arkansas**

We hereby certify that we have reviewed Arkansas Rule and Regulation 49 and that Acacia Life Insurance Company is in compliance regarding Life and Health Insurance Guaranty Association Notices.

We also certify that we have reviewed ACA 23-79-138 regarding the use of Complaint Notices and assure that Acacia Life Insurance Company is in compliance.



Robert G. Lange  
Vice President, General Counsel  
& Assistant Secretary

October 6, 2008  
Date

**Reg. Section 6 DI: Method of Disclosure of Required Information**

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

**Reg. Section 6 Life: Valuation**

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

## Statement of Variability 7000

Policy Number, Insured, Issue Age, Gender, Owner, Policy Date, Issue Date, Specified Amount

This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Minimum Specified Amount: Range is \$0 – \$100,000.

Death Benefit Option: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Rate Class, Basis of Values: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Guaranteed Interest Rate: Range is 2 % - 5 % annually and .16516% - .40741% monthly

Planned Periodic Premium, Planned Premium Frequency, Initial Premium: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Monthly Minimum No-Lapse Premium: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Minimum No-Lapse Period: Range is 3 – 15 years.

Maximum Monthly Cost of Insurance Rate: The charges shown on the schedule are personalized to the policy purchased. Rates vary by attained age, gender, and rate class.

Corridor Factor: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy. Factors vary by attained age.

Premium Charge: Range is 2% -12 %

Monthly Administrative Charge: Range is \$2.00 to \$12.00

Monthly Specified Amount Charge: The charges shown on the schedule are personalized to the policy purchased and based on rates that vary by issue age, gender, rate class, duration and specified amount. The range is 75% to 125% of these rates.

Surrender Charge: The charges shown on the schedule are personalized to the policy purchased. The range is 0 to the maximum allowable surrender charge under the submission state Standard Nonforfeiture Law.

Minimum increase in specified amount: Range is \$0 - \$50,000.

Minimum decrease in specified amount: Range is \$0 - \$10,000.

Minimum partial withdrawal amount: Range is \$0 - \$1,000.

Maximum partial withdrawal fee: Range is \$0 - \$50.

Maximum attained age for an increase or reinstatement: Range is 70-90

Maximum loan Interest Rate: Range is 4% - 7 %

Maximum preferred loan interest rate: Range is 3.5% -5%

Minimum credited interest rate on loaned account value range: 2% – 5%

1876 Waycross Road / Cincinnati, OH 45240

### NAIC Life Insurance Illustration Certification

I, Kristal E. Hambrick, F.S.A., M.A.A.A., Vice President and Life Product Manager, am an officer of Acacia Life Insurance Company. I was appointed by the Board of Directors of Acacia Life Insurance Company to render this certification as the Illustration Actuary for all plans of insurance subject to the Life Insurance Illustration Regulation as stated in the Board Resolution dated November 17, 2006. I am a member of the American Academy of Actuaries and meet its qualification standards as described in *Qualification Standards for Public Statement of Actuarial Opinion* and am familiar with the certification requirements applicable to compliance with the life insurance illustration regulations.

#### Scope

I have examined the actuarial assumptions and actuarial methods used in proving compliance with the NAIC Life Insurance Illustration Model Regulation. The purpose of this certification is to advise state regulatory authorities and the directors of said insurer as to whether the disciplined current scales of non-guaranteed elements for illustrated plans of insurance meet the requirements of the regulation.

#### Reliance

I have relied on experience data developed by Thomas P. McArdle, F.S.A., M.A.A.A., Director & Assistant Actuary and by Joel Varland, F.S.A., M.A.A.A., Second Vice President, in making this certification. I have reviewed the provided data for reasonableness and consistency and am satisfied with the results.

#### Certification

Scales of non-guaranteed elements used in illustrating the following plans of insurance meet the requirements of the Regulation. The disciplined current scales for these plans are in conformity with Actuarial Standard of Practice (ASOP 24) for Compliance with the NAIC Life Insurance Illustrations Model Regulation, promulgated by the Actuarial Standards Board.

- 7000 Universal Life

The minimum expenses used in the calculation of the disciplined current scale for all policy forms subject to this regulation were **2007 Generally Recognized Expense Table**.

*Kristal Hambrick*

Kristal E. Hambrick, FSA, MAAA  
Vice President and Illustration Actuary

September 30, 2008  
Date



## 7000 Exhibit A

FORM NO.	DESCRIPTION	FLESCH SCORE	FORM REPLACED	APPROVAL DATE
<b>Policy:</b>				
7000	Universal Life Policy	52	n/a	n/a
<b>Riders:</b>				
KACBR01	Accounting Benefit Rider	51	n/a	n/a
KADB02	Accidental Death Benefit Rider	54	n/a	n/a
KGIR01	Guaranteed Insurability Rider	52	n/a	n/a
KIER01	Insurance Exchange Rider	51	n/a	n/a
KSCR01	Supplemental Coverage Rider	52	n/a	n/a
KSIR01	Scheduled Increase Rider for the Insured	52* (49 on its own)	n/a	n/a
KTDB01	Total Disability Benefit Rider	51* (48 on its own)	n/a	n/a
<b>Endorsement:</b>				
KPE01	Pension Endorsement	53	n/a	n/a
<b>Application:</b>				
UN 2550-1 LIFE AC	Application for Insurance Policy Details	59**	UN 2550 LIFE AC	12/17/07-current
<b>Amendments:</b>				
AC 262 B	Amendment of Application for Life Insurance	52	n/a	n/a
AC 0287 C	Amendment of Application	50	n/a	n/a
AC 287 MS	Amendment of Application (Military)	52	n/a	n/a
AC 553-C	Amendment of Application	58	n/a	n/a
AC 1217-B	Pilots & Crew Members Aviation Amendment	57	n/a	n/a

\*Indicates the flesch score when combined with the policy.

\*\* When taken with all UN 2550 forms for Acacia Life, this page reaches a flesch readability score of 59.

# Exhibit B

## Explanation of Riders

**KACBR01 Accounting Benefit Rider** - This rider provides additional coverage on the insured that produces higher early year cash values than the policy alone.

**KADB02 Accidental Death Benefit Rider** - This rider allows the policyowner to select an amount to be paid (in addition to the specified amount of the base policy) upon accidental death as defined in the rider.

**KGIR01 Guaranteed Insurability Rider** - This rider allows the policy owner to increase the specified amount on the scheduled dates without submitting evidence of insurability.

**KIER01 Insurance Exchange Rider** - This rider provides that if certain conditions are met, the policyowner may exchange this policy for a new policy on the life of a substitute insured.

**KSCR01 Supplemental Coverage Rider** - This rider provides additional coverage at a lower total premium than the same coverage provided by the policy alone.

**KSIR01 Scheduled Increase Rider for the Insured** - This rider automatically increases the specified amount each year by the benefit amount specified by the policy owner at issue.

**KTDB01 Total Disability Benefit Rider** - This rider provides that the benefit amount will be credited to the policy as premiums paid during continued covered disability. The benefit will begin on the monthly date after the start of the 6-month waiting period.

## Explanation of Endorsement

**KPE01 Pension Endorsement** - This endorsement allows the policy to be issued under situations subject to the Norris decision.

## Application

**UN 2550-1 LIFE AC** - This is the policy detail page and is always used in conjunction with the base application pages of UN 2550 PI-A, et al.

## Explanation of Amendment of Applications

**AC 262 B** - This form is used to make changes to the original application. It is signed by the client at delivery acknowledging the changes and is witnessed.

**AC 0287 C** - This form asks specific questions and is an extension of the application.

**AC 287 MS** - This form asks specific questions relating to Military Service and is an extension of the application.

**AC 553-A** - This form is used to make changes to the original application and is also a confirmation concerning changes to the medical history since the time of application. It may be used to clarify the application or just to confirm no changes in health.

**AC 1217-B** - This form is a questionnaire which is required to be completed by a pilot or crew member.

**CERTIFICATION**  
**Arkansas**

We hereby certify that we have reviewed Regulation 6 and that The Union Central Life Insurance Company is in compliance.



Elizabeth F. Martini  
Vice President and Managing Attorney

10/15/08  
Date

**Reg. Section 6 DI: Method of Disclosure of Required Information**

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

**Reg. Section 6 Life: Valuation**

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

**CERTIFICATION**  
**Arkansas**

I, David W. Morris, hereby certify that I have reviewed Rule and Regulation 34 and that Acacia Life Insurance Company meets the provisions of said Rule and Regulation. I also certify that this product is in compliance with Bulletin 11-83.

Company: Acacia Life Insurance Company



Actuary: \_\_\_\_\_  
Signature

David W. Morris, FSA, MAAA  
Print Name

Relationship to Company: Second Vice President and Associate Actuary of Union Central Life Insurance Company, an affiliate of Acacia Life Insurance Company

10/08/2008  
Date

## **READABILITY CERTIFICATION**

I, Robert G. Lange, an officer of Ameritas Life Insurance Corp., hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of the laws and regulations of your state.

<b><u>Form</u></b>	<b><u>Description</u></b>	<b><u>Readability Score</u></b>
<b>Policy:</b> 7000	Universal Life Policy	52
<b>Riders:</b> KACBR01 KADB02 KGIR01 KIER01 KSCR01 KSIR01 KTDB01	Accounting Benefit Rider Accidental Death Benefit Rider Guaranteed Insurability Rider Insurance Exchange Rider Supplemental Coverage Rider Scheduled Increase Rider for the Insured Total Disability Benefit Rider	51 54 52 51 52 52* (49 on its own) 51* (48 on its own)
<b>Endorsement:</b> KPE01	Pension Endorsement	53
<b>Application:</b> UN 2550-1 LIFE AC	Application for Insurance Policy Details	59**

\*Indicates the flesch score when combined with the policy.

\*\* When taken with all UN 2550 forms for Acacia Life, this page reaches a flesch readability score of 59.



Robert G. Lange, Vice President, General Counsel & Asst Secty. –  
Ameritas Life Insurance Corp.

10/3/08

Date